



## Authorization of Day Rehabilitation and Day Treatment Intensive Procedure

---

**Effective Date** 08/01/2019

**Approved Date** 08/01/2019

Veronica Kelley, DSW, LCSW, Director

---

**Purpose**

The purpose of this procedure is to provide operational guidance to the Department of Behavioral Health (DBH) workforce to review requests for Day Rehabilitation or Day Treatment Intensive services in order to provide prior authorizations for Day Rehabilitation and Day Treatment Intensive services in accordance with the California Department of Health Care Services (DHCS) Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice No.: 19-026.

---

**Definition(s)**

**Day Rehabilitation (DR)** is a structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of individuals. Services are available at least three (3) hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

**Day Treatment Intensive (DTI)** is a structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the individual in a community setting, which provides services to a distinct group of individuals. Services are available at least three (3) hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

---

*Continued on next page*

## Authorization of Day Rehabilitation and Day Treatment Intensive Procedure, Continued

### Authorization Types

Authorization Type	Authorization Requirement
Standard Authorization Request	DBH shall notify the requesting provider in writing within five (5) business days of a decision and provide the client written notice of any decision by DBH to deny a service authorization or request, or to authorize a service in an amount, duration, or scope that is less than required. The notice to the client shall meet the requirements pertaining to notices of adverse benefit determination. See DBH's Notice of Adverse Benefit Determination (NOABD) Procedure ( <a href="#">QM6029-4</a> ).
Expedited Authorization Request	<p>For cases in which the provider indicates, or DBH determines, that the standard timeframe could seriously jeopardize the client's life, health or ability to attain, maintain, or regain maximum function, DBH shall make an expedited authorization decision and provide notice as expeditiously as the client's health condition requires, but no later than 72 hours after receipt of the request for services per CFR, title 42, section 438.210(d)(2).</p> <p>If requesting an expedited review, provider <u>must</u> consult with Program Manager regarding expedited review criteria and then obtain Program Manager signature on the DR and DTI request form prior to submitting to the Access Unit. DTR and DTI requests not having Program Manager signature will be processed as a standard authorization.</p>

### Prior Authorization Form

Requests for treatment and payment authorization for DR or DTI shall in made in advance to the service delivery.

The DBH Day Rehabilitation or Day Treatment Intensive Prior Authorization Request form (CLP048) must be submitted to the Access Unit as indicated in the [Prior Authorization Procedure](#) section of this procedure for consideration of Day Rehabilitation or Day Treatment Intensive services approval. The request for prior authorization must include the following clinical documents:

- Clinical Assessment
- Diagnosis
- Current Treatment Plan or Client Recovery Plan/Individual Services and Supports Plan (ISSP)

*Continued on next page*

## Authorization of Day Rehabilitation and Day Treatment Intensive Procedure, Continued

**Prior  
Authorization  
Form, continued**

The Client Recovery Plan/ISSP must indicate DR or DTI as a modality of the plan. In accordance with DBH's Specialty Mental Health Contract, DR and DTI include the following components:

DR	DTI
<ul style="list-style-type: none"> <li>Community Meetings</li> <li>Therapeutic Milieu</li> <li>Process Groups</li> <li>Skill-Building Groups</li> <li>Adjunctive Therapies</li> </ul>	<p>In addition to all DR components, DTI includes the following:</p> <ul style="list-style-type: none"> <li>Psychotherapy</li> <li>Mental Health Crisis Protocol</li> <li>Written Weekly Schedule</li> </ul>

**Prior  
Authorization  
Procedure**

The requesting Program/Clinic/Group Home (thereafter referred to as program) shall submit the DR/DTI authorization request (CLP048) prior to the provision of services as follows:

Step	Action
1	The preferred method to submit DR/DTI authorization requests to the Access Unit is using encrypted email at <a href="mailto:DBH-PriorAuthReq@dbh.sbcounty.gov">DBH-PriorAuthReq@dbh.sbcounty.gov</a> . Refer to DBH's Electronic Mail (e-mail) Encryption Information Notice (15-04) for encryption requirements.
2	Indicate the requesting program name in the subject line of the email.
3	If requesting an expedited request, indicate "Expedited Request" on subject line to alert the Access Unit of expedited processing timeframes.
4	<p>If program does not have encrypted email capabilities, program may fax the DR/DTI authorization request to (909) 890-0353.</p> <ul style="list-style-type: none"> <li>If faxing, program shall contact the Access Unit at (888) 743-1478 to notify them that the DR/DTI authorization request form will be faxed.</li> </ul>

*Continued on next page*

## Authorization of Day Rehabilitation and Day Treatment Intensive Procedure, Continued

**Prior  
Authorization  
Procedure,**  
continued

The below table indicates the responsibility of DBH staff for processing authorization requests. TARs must be reviewed for authorization decision by designated licensed clinician.

Responsible Party	Action				
Access Unit Office Assistant (OA)	Date stamp receipt of the TAR.				
OA	Log the TAR in the tracking log.				
OA	Register the client in in DBH's Behavioral Health Management Information System (BHMIS).				
OA	If program is open in DBH's BHMIS, generate Service Summary report.				
Licensed Health Care Professional (Clinician)	<p>Create a TAR event in DBH's BHMIS.</p> <ul style="list-style-type: none"> <li>Review clinical documentation for medical necessity requirements. <ul style="list-style-type: none"> <li>If approved, create a treatment episode and generate an authorization letter.</li> <li>If <u>not</u> approved, create a NOABD event in the DBH's BHMIS, and issue an NOABD. See DBH's Notice of Adverse Benefit Determination (NOABD) Procedure (QM6029-4).</li> </ul> </li> </ul> <p>Send NOABD to client and copy to program/clinic making request using encrypted email or via fax if program is unable to receive encrypted email.</p>				
Licensed Health Care Professional (Clinician)	<p>Process the standard treatment authorization request (TAR) <u>within five (5) business days</u> or expedited treatment authorization request <u>within 72 hours</u> following receipt of the request for services.</p> <table border="1"> <tr> <th>If ...</th><th>Then ...</th></tr> <tr> <td>One of the required criteria is incomplete on the DR and DTI request Form,</td><td>The request for prior authorization will be denied.</td></tr> </table> <p><b>Note:</b> If the authorization request is denied, program may submit the authorization request as an initial request, which must include the incomplete clinical documentation.</p>	If ...	Then ...	One of the required criteria is incomplete on the DR and DTI request Form,	The request for prior authorization will be denied.
If ...	Then ...				
One of the required criteria is incomplete on the DR and DTI request Form,	The request for prior authorization will be denied.				

*Continued on next page*

## Authorization of Day Rehabilitation and Day Treatment Intensive Procedure, Continued

---

**TAR Approvals** Approved TAR letters shall be emailed to the originating program. If the originating program does not have encryption email capabilities, the approved TAR will be faxed. It is the responsibility of the program to communicate the information contained in the authorization letter with the client and demonstrate pre-authorization is obtained prior to rendering of services.

**Note:** DBH program shall monitor for compliance of provision of services with prior authorization.

---

**Related Policy  
or Procedure**

DBH Standard Practice Manual

- Authorization of Specialty Mental Health Services Policy (QM6049)
- Day Rehabilitation and Day Treatment Intensive Prior Authorization Request (CLP048)
- Notice of Adverse Benefit Determination (NOABD) Procedure ([QM6029-1](#))
- Utilization Management Policy (QM6050)

DBH Information Notice:

- Electronic Mail (e-mail) Encryption Information Notice ([15-04](#))
- 

**Reference(s)**

- California Code of Regulations, Title 9, Section 1810.212
  - California Code of Regulations, Section 1810.213
  - California Department of Health Care Services MHSUDS Information Notice No.: 19-026: Authorization of Specialty Mental Health Services
  - Code of Federal Regulations, Title 42, Section 438.210(d)(2)
-